

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-4604.M2

MDR Tracking Number: M2-03-1447-01
IRO Certificate# 5259

July 24, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

This is a 64 y/o lady with a history of multiple cervical spine fusion. As part of the rehabilitation she used and interferential unit. The "Patient progress report" dated 10/9/02 noted no real change in the condition as a function of this device. The muscle spasms were most of the time and there was no decreased limitation to moderate activities. She continues to be on oral narcotic analgesics and oral muscle relaxers. Three of the last four progress notes do not indicate any lessening of the amount of medications being used. Moreover, trigger point injections and occipital nerve root injections were required. The last note, dated May 23, 2003 specifically indicated an increase of the Narco to 7.5.

REQUESTED SERVICE (S)

Purchase interferential stimulator

DECISION

Deny request to purchase this device.

RATIONALE/BASIS FOR DECISION

The proposed device is not broadly accepted as the prevailing standard of care and is not recommended as medically necessary.

Such passive modalities are indicated in the acute phase of care and their use must be time-limited. The Philadelphia Panel Physical Therapy Study found little or no supporting evidence to include such modalities in the treatment of chronic pain greater than 6 weeks.

Moreover, the efficacy of this type of device in the long-term patient has been studied repeatedly. As noted by Herman (Spine 1994 Mar 1; 19(5): 561) this treatment adds no apparent benefit. Lastly as described by Deyo (NEJM 1990 Jun 7(23): 127-34) TENS no more effective than placebo. The literature of blinded peer-reviewed studies does not support the efficacy of this device. This device does not improve the situation, there is no identification of a decrease in medication use and the functionality of the claimant was not reported out. The pathology is in the disc; the current talked about does not reach the level of the pathology. There is no discussion in the progress notes of the use of this device only the boilerplate vendor distributed the document. The primary treating physician offers no clinical indication for the use of this device, particularly when the narcotic usage is increasing in this 64 year old.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 25th day of July 2003.